

# C.L.A.I.M.

County Lead Agency Implementation Meeting

For

The Substance Abuse Crime Prevention Act of 2000  
(SACPA)

December 1-2, 2004  
Sacramento, California

*Day One*

## ***Welcome and Opening Remarks***

**David Deitch** opened the conference by introducing Kathy Jett, noting that the State was “smart enough” to appoint her as director of the California Department of Alcohol and Drug Programs (ADP) at about the same time Proposition 36 was adopted by voters. He spoke of her fearlessness as a leader and her unparalleled contribution to this field.

**Kathy Jett** pointed out that the state is well beyond the halfway point of Proposition 36 funding, and funding will stop at the end of the 2005-06 fiscal year unless it is reauthorized by the State Legislature. She noted that there had been a substantial turnover of membership in the Legislature this year, and that Sen. John Burton, who had been particularly knowledgeable about addiction and treatment in general and about Proposition 36 in particular, was no longer at the capitol. The ADP staff had a successful “brown bag” orientation meeting with both senior and new legislative staff members concerned with Proposition 36. “It was a great dialogue, and probably one of the most in-depth discussions I’ve had with legislative staffers in this area.” She said she believes the legislative staff members are developing a better understanding of SACPA. “The questions they asked were very informed...They were asking in-depth questions about treatment capacity...how does it look at the county level...is residential capacity really an issue...are we able to really manage this group of offenders in an outpatient environment?”

Although the sun setting of SACPA funding is not an issue for the current Legislative budget session, new members are seeking information about the program. ADP is orienting the new State Administration about the issue, she continued. “I’m pleased to say that they see this is something the people of California want us to experiment with and give it a fair chance.” It is important, she said, that people in the

counties tell those at the state level what they see is working and what they think needs to be changed to improve results.

Turning to the SACPA Statewide Advisory Group, Jett said it recently had one of its most “invigorating, interesting and dynamic” meetings. Law enforcement representatives warned that it is important that “both sides of the story” are told about Proposition 36. The law enforcement people declared: “You see a glass that is half full. We see a glass that is more than half empty. We see a program that needs many improvements and we have to start talking about them.” Law enforcement sees the people who are falling out of the system—not the ones who are showing up in court and showing up in treatment.” She urged those at the county level to start listening carefully to the perceptions of those in law enforcement and criminal justice as well as to those associated with treatment.

Jett pointed out that UCLA is conducting a long-term evaluation, looking at outcomes, at cost benefits, at cost savings and re-arrest rates—“the entire process.” The benefits, especially the monetary benefits, are not seen until the individuals are back in the community working and engaging in a regular lifestyle, she said. She contrasted the UCLA evaluation with the recidivism study done by Douglas Fairchild on a very early cohort of SACPA clients. A “snapshot in time” like the Farabee report does not reveal these benefits and noted the need for caution when deciding whether things are working or not working. The Farabee evaluation was based on approximately 600-plus people who went through the program during its first six months. On the other hand, the long term evaluation is showing impressive results, she said. She pointed out that Proposition 36 programs are seeing many hard-core, long-term addicts—including some 50 percent who have never been in treatment before, with a high volume of difficult-to-treat methamphetamine addicts. “Treatment is on trial with probably the most difficult caseloads we’ve ever experienced.”

The Statewide Advisory Group is examining what is working and what isn’t working, and what changes those at the county level would make if they had the authority to do so. Among the topics being discussed are increased accountability, intensive supervision and drug testing, adding more funds for residential treatment, narrowing who gets in, and increased sanctions. There are also discussions of ways to expand the population coming into the program, such as expanding it to include a younger population. She pointed out that there is a discussion over whether certain aspects of the program legally can be changed without going back to the public with a new proposition. Finally there is concern about future funding.

Finally, to the county teams at the conference she said: “My message to you basically is that as counties you’re going to be scrutinized. People are going to come to you and ask what your recidivism rates are. They’re going to ask if you’re investing adequately in residential treatment capacity. If not, what adjustments are you making at this stage in the program?

“When things aren’t working, our job is to fix it.”

### ***State of the Initiative***

**Del Sayles-Owen**, Deputy Director of ADP and head of the Office of Criminal Justice Collaboration, discussed changes that have occurred since the Making It Work

conference in February of 2004, and pointed out that members of her staff were present at this conference to answer questions from participants.

She reviewed the State's new allocation formula for SACPA funds, replacing the old formula that was based 50 percent on population, 25 percent on caseload and 25 percent on drug arrests. One problem with the old formula, she said, is that it was based on total treatment caseloads, not SACPA caseloads. "One guiding principle was that the new formula should assure that those in need of treatment receive it and that funds should be maximized for effective treatment. Another consideration was that the formula change should not result in major disruptions of local programs and services. The new formula is based 50 percent on population, 40 percent on SACPA caseload, and 10 percent on drug arrests. "

Another issue, she continued, was the fact that some counties were allotted more money than they could actually spend, and this money was needed by other counties with needs on which to spend it. The State has received nearly a half-million dollars from counties voluntarily responding to an appeal to return monies they could not spend. Other funds are being returned as a result of audits. This is providing money for redistribution to counties that demonstrate a need for additional funds. Proposed regulations will allow the State to make this redistribution. Meanwhile, state staff is working with stakeholders on a formula for calculating how much money should be returned from some counties on a non-voluntary basis.

Sayles-Owen thanked the counties for dealing so well with "huge changes" in the way they draw up their county plans, including multi-year plans for the first time. Thirty-nine of the 58 county plans have been approved so far. The plans have helped in calculating the amount of excess funds that will be available to be redistributed. Dr. William Ford's analysis of 2004-05 county plans will be available in the spring of 2005. She pointed out that in addition to the UCLA evaluations; ADP is required to make an annual report to the Legislature on Proposition 36 implementation. The report issued in May 2004 included a detailed listing of expenditures by counties, as well as revenues and client fees collected. Many counties are spending more than 100 percent of what their annual allocations would be.

Turning to the Farabee report, Sayles-Owen said the report published on Nov. 26, 2004, was called "Recidivism among an Early Cohort of California's Proposition 36 Offenders." It was authored by Dr. David Farabee of the Integrated Substance Abuse Program at UCLA's Neuropsychiatric Institute. (She emphasized that this study was funded by the National Institute on Drug Abuse (NIDA), and not with Proposition 36 funds. Farabee tracked 688 SACPA-eligible individuals from July 1, 2001, to Dec. 31, 2001, and drew conclusions about their recidivism and arrest rates; noting that SACPA clients were more likely to be arrested than non-SACPA clients. "One of the concerns we have expressed with the Farabee report is that it was a 'snapshot in time' at the very beginning of the program that was not representative of all of the counties. We also have pointed out that at that time they were looking at 688 participants and that in each of the last two years we have had over 30,000 people entering into treatment. So we expect to see richer data in the future."

Counties are evolving in the way they move clients through their Proposition 36 programs, so it is impossible to determine the actual recidivism rates at this time, she continued. "We look forward to UCLA giving us more data. We don't know what it will

look like in the long run, and we all need to be prepared for a press interest in recidivism data as it comes out...”

She pointed out that it is impossible for UCLA to report why certain things are appearing as they do in program statistics. “We need a better understanding of causes and potential solutions to the problems we see.” ADP has asked CSAT, the U.S. Center for Substance Abuse Treatment, for assistance in exploring and interpreting the principal findings in the UCLA study. Dr. Suzanne Gelber and Dr. David Renaldo of the AVISA Group have been selected to work on this effort. She said they would be interviewing stakeholders in 10 counties in the course of their study. Their final report is anticipated by March 2005.

Turning to the issue of dedicated capacity, Sayles-Owen said regulations will be changed to allow small counties to maintain an adequate level of capacity. “It’s become clear that although our smaller counties may go through periods of having no clients, they need to make sure they have the capacity to serve clients when they do come through the door.” As for audit issues, she said, 41 counties have been audited. She pointed out that this conference includes a session conducted by auditors on how to prepare for a SACPA audit.

Among pending issues warranting guidelines to all county lead agencies in recent months is post-treatment costs to probation. “We’ve had a question come up about the allow ability of probation costs when there are breaks in treatment, and we will be issuing an all-county letter stating that such costs are in fact allowable,” she said. Another letter will “demystify” the process of determining who bears the cost of treatment when parolees qualify for the SACPA program.

Winding up her report, Sayles-Owen referred to the “formidable challenges” that Kathy Jett had described earlier. “We look forward to the continued collaboration of all the partners at the local level as we face the final months of our guaranteed appropriation and work together for improved program.”

### ***SACPA Evaluation: New State and County Research Findings***

Douglas Longshore, PhD  
Director, UCLA Integrated Substance Abuse Programs  
University of California Los Angeles  
Adjunct Senior Behavioral Scientist at RAND

**Douglas Longshore** reported on the findings from the first two years of the evaluation of SACPA by the Integrated Substance Abuse Program at the University of California Los Angeles.

He began with highlights from the 2003 report:

- About 70 percent of offenders who say yes to Proposition 36 make it from the court to placement into the treatment program they were referred to. This was true in both years.
- Methamphetamine continues to be the dominant drug of abuse.
- Half of the people coming into Proposition 36 treatment are entering treatment for the first time.

In the second year (July 2002 to June 2003) there were 50,335 referrals to treatment—slightly more than in the first year. Of these, 42,972 made it to assessment, and 35,947 of these entered treatment. This works out to a show-rate of 71.4 percent, compared with 69 percent in the first year. “One message that comes through is that the performance of the Proposition 36 population has been very stable through Year One and Year Two,” he said.

Longshore pointed out that there were lessons to be learned by comparing these “show rate” numbers with the way different counties were conducting their Proposition 36 programs. “The show rate varied to some degree across counties. What was associated with higher rates? One factor is proximity. If the assessment happens in the courtroom or nearby, the show rate is a little better. A more dramatic difference is days allowed for assessment. It may be counter to common sense in some ways, but if you allow them more than one day to show up, they’re more likely to.” He said this seems to defy the notion that they would be more likely to wander off if given extra time. He also reported that show rates are “a little higher” in counties that have elements of a drug court in their procedures.

Other results have confirmed the stability in the characteristics of the Proposition 36 population over the two-year period. Ethnicity in the population in both years was about one-half white, one-third Hispanic, and about 15 percent African-American. About 70 percent were men. About one in five were “quite young,” but the vast majority were over the age of 25—some in their 40s. The primary drug for the group was methamphetamine (50.2 percent) in both years. This is a significant factor because meth is “a fairly new phenomenon in the treatment system” and meth users are considered a difficult population to deal with, Longshore said. As for years of drug use, the majority in each year had been using for at least 10 years. “So most people we’re seeing have extensive, long drug use” and for half of them Proposition 36 provided their first exposure to treatment. Meth is also the primary drug for those entering treatment for the first time.

Turning to Year One treatment completion, Longshore said about one-third of those who entered treatment completed it. This drops to about 24 percent when the calculation includes those who opted for Proposition 36 but didn’t make it to treatment. He displayed a graph showing how these completion rates compare with those in other studies tracking offenders who are referred to treatment through the criminal justice system. “The show-rate is better than average,” he said.

As for treatment placement, the primary modality in every county is outpatient. 84 percent of SACPA clients were referred to outpatient treatment in Year Two. The study also showed that 67.9 percent of SACPA clients in the “high severity” drug problems category, who are considered most in need of residential treatment, were referred to outpatient treatment. This compares with 56.5 percent of non-SACPA high severity clients going to outpatient treatment through other channels in the criminal justice system, and 44 percent for high severity drug users entering treatment outside the criminal justice system. A sample of Proposition 36 clients also indicated a racial difference in whether high-severity offenders went to outpatient or residential treatment. Treatment assessment data showed that 78.7 percent of African-Americans in the high-severity category were assigned to outpatient treatment, while this was true for only 72.9 percent of high-severity Hispanics and 57.7 percent of high-severity white clients. In

other words, high-severity African-Americans and Hispanics were less likely to get residential placement than white high-severity clients. “This is not a difference that you see in non-Proposition 36 clients,” Longshore pointed out.

The study of treatment completion rates appeared to confirm that parolees are a “very difficult” population to deal within SACPA programs, he continued. Only 28.6 of parolees completed treatment, compared with 35 percent of clients on probation. Only 39.1 percent of parolees spent a full 90 days in treatment, compared with 55 percent of probationers. He added that the number of Proposition 36 parolees being sent back to prison is “quite high,” although mostly for parole violations rather than new convictions.

Summing up, Longshore pointed out that these statewide findings might be surprising and thought-provoking for SACPA teams in some counties because their experience has been quite different. In other counties, these findings may reflect what is happening in their own cases. There are variations from county to county.

“It’s important to think hard about what we as a state want out of Proposition 36,” he said. “Our completion rates are typical—not rosy but not bad. Proposition 36 is not a drug court. It’s a very large-scale program...you can’t pick and choose who gets into Proposition 36 like you can with drug court. I think a judgment of its performance has to be based on what you want from a large-scale policy innovation. Is 34 percent satisfactory? It’s typical, but is it satisfactory? How could we do it better?”

Longshore reviewed what his group will be doing in the future—its 2004 products. “We will continue to monitor show rates, management strategies, and completion rates. We’ll also be adding some new information on cost offsets—what Proposition 36 is costing us and what are we saving, at least so far. We’ll also be looking at statewide crime trends, and finally, client outcomes.” He explained why the reports so far have not included data on drug use outcomes and recidivism. “Only now is it possible to report such findings...The data have not existed until now to look at recidivism and drug-use outcomes over a long enough time frame for it to begin to make sense. The 2004 report due to ADP at the end of this year will have recidivism and drug use outcomes on a statewide basis. We’ll be able to look at the variability across counties.”

Laurence Carr, PhD

Deputy Director, Office of Applied Research and Analysis  
California Department of Alcohol and Drug Programs

**Larry Carr** explained that the UCLA evaluation reports are made for each year and released in the summer of the following year. Two reports, for Year One and Year Two, have been published so far.

The Year Three report, to be published in June 2005, will cover the SACPA pipeline—offenders referred, assessed and placed in treatment, as well as the treatment modality used by Year Three clients. It will report on duration of treatment for completers in the Year Two population, along with probation violations and parole violations, with 12-month follow-ups. It will identify SACPA problems in various counties and how the counties addressed them. The report will look at how many clients entered and completed treatment, along with recidivism data with a follow-up on the Year One population. There will also be cost data for Year One. The new report also will

cover changes in drug use severity in a sample of Year Two and Year Three clients from the 10 focus counties, with a 12 month follow-up.

The Year Four report, to be released in 2006, will contain the same information on the SACPA pipeline as the Year Three report, although the Year Four report will include 30-month follow-up information on recidivism for the Year One client population. Cost factors—including cost of new arrests, new crimes, incarceration, probation, health care, social benefits, etc.—will be based on a 30-month follow-up for Year One clients and a 12-month follow-up for Year Two clients. There will also be information on change of employment status for the Year Two population at the 12-month follow-up point. The report also will look at changes in drug use severity in a sample of Year Two and Year Three clients in the 10 focus counties, and a 12-month follow-up of changes in the Addiction Severity Index (ASI) and mental health severity in the Year Two population.

“The Year Five report, the final report in 2007, will encompass all the information that has been obtained from the study to that point in time,” Carr said. This will include the SACPA pipeline data from Year One population through Year Four population. “There will be an overview of the problems that occurred throughout the evaluation period and how they were addressed.” The cost data will include prison and jail construction costs as impacted by Proposition 36.

### ***County Outcomes Panel***

David Deitch then introduced a panel of representatives from Riverside, Sacramento, and San Luis Obispo to report on results of their own evaluations of Proposition 36 outcomes in their counties.

**Frank Lewis**, Administrator of the Substance Abuse Program in Riverside County, said he believed voters in his county approved Proposition 36 because they wanted to improve the quality of life for drug users and to reduce public costs of drug use if possible. As for costs, he said he believed there are a lot of “hidden savings” that people are not aware of; for example, the entry of a guilty plea by an offender taking advantage of Proposition 36 eliminates the cost of a preliminary hearing or trial. “Those things are not being looked at as cost savings,” he said. He then introduced **Ryan Quist**, research supervisor for the Riverside County Department of Mental Health who said three types of data were used in the Riverside County evaluation—client characteristics, the treatment modality, and criminal recidivism.

Over half of the Riverside County clients were white (52 percent) and nearly one-third Hispanic (32 percent). Three out of four were male, and the drug of choice for 75 percent of the clients was methamphetamine. Close to half (45 percent) had never received a high school diploma. One in five has had prior drug and alcohol treatment, but very few (5 percent) had received treatment for both mental health and substance abuse. Slightly more (8 percent) had a history of mental health treatment. Quist displayed a diagram of Riverside’s treatment pipeline, showing how clients progress from assessment through different modalities and levels of treatment, eventually reaching aftercare.

The Proposition 36 recidivism study conducted in Riverside County looked at clients one year after completion of treatment. The study subjects completed treatment between July and December of 2001. The sample included a total of 170 clients who had successfully completed treatment and aftercare. Criminal histories were requested from the California Department of Justice, and histories for 155 clients in the study sample were located. The study showed a decline in the total number of arrests among the subjects, and arrests for both drug and non-drug offenses declined. Only 43 percent of the study subjects were re-arrested.

There was a fairly consistent relationship between the duration of services and new drug offenses, Quist said. “Not surprisingly, the duration of service is associated with whether or not clients re-commit drug offenses.” The basic approach to evaluation in Riverside County, he said, is to look at client characteristics to understand their needs, to study the treatment pipeline to understand treatment delivery and completion rates and to assess outcomes by studying recidivism rates following treatment completion and aftercare. “The main goal we have in terms of working with service providers is that we want recommendations for improvement. We have a dialogue with our actual service providers in order to understand what the results actually mean and we include stakeholders’ perspectives when relevant.”

**Toni Moore**, administrator of the Sacramento County Alcohol and Drug Program, **provided** results of the evaluation of Year Two experience in Sacramento County. Of the 1,534 referrals to the program, 1,322 or 86.2 percent were probationers and the balance (212, or 15.8 percent) was parolees. Sixty percent of the parolees came on referrals from the California Department of Corrections (CDC) and 40 percent were new arrests. Roughly 60 percent came in from felony offenses and 40 percent from misdemeanors. In terms of other characteristics, the Year Two population was similar to that of Year One. Nearly three out of four were male. The average age was 36. About 60 percent were white, 23 percent were African-American and 12 percent Latino. It was also noteworthy that 53 percent of the participants were parents, 16 percent were homeless (higher than the prior year), and 49 percent were found to have mental health needs as they moved through treatment. While 77 percent of the clients were unemployed, among women the unemployed figure was 92 percent. “I want to add that when people are employed, 35 percent have incomes of less than \$600 a month and another 60 percent have incomes ranging between \$600 and \$1,200 a month,” Moore said. “The few who are employed are pretty low on resources, and I think that’s an important thing to point out when you start thinking about criminal recidivism.”

Poly-drug use is the norm, and methamphetamine is the primary drug of choice, she continued. A district attorney developed a criminal history “scale” for classifying clients. The scale produced the following “criminal history index” of the population in the study:

- Level I – No prior conviction: 8.2%
- Level II – Misdemeanor convictions only: 27.5 percent
- Level III – 1 or 2 prior felonies: 34.9 percent
- Level IV – 3+ prior felonies: 25.4 percent
- Level V – 1 or more serious or violent felonies: 4.0%



Moore noted that this broke down to about one-third “lightweight” folks and about two-thirds “not so lightweight” in term of criminal histories. She also noted that the 4.0 percent in Level V represented a drop from 16 percent in that category in the Year One population. Probation officers do assessments of risk levels for probation supervision, and their ratings followed the same pattern seen in the criminal history index. In Year One, for example, probation gave a “high risk” rating to 58.9 percent of the clients, while this had declined to 39.4 percent in Year Two. In assessments of the Year Two population, 17.5 percent were referred to three-months of outpatient treatment, 69 percent to six months outpatient, 6.2 percent to methadone treatment, and 7.3 percent to detoxification and residential treatment. Moore noted that in the course of treatment, the number in the residential category rose to about 12 percent.

Show rates in Sacramento County validated the statewide data, Moore continued. Out of the 1,534 referrals, 84 percent showed up for assessment and 89 percent of those assessed moved to treatment. Overall, 74 percent of referrals entered treatment, validating the statewide data. Overall, 67.1 percent of the clients had negative drug tests. Treatment providers reported a higher rate of negative tests (72.9 percent) than those reported by probation officers (59.4 percent). Among the positive tests, 54.9 percent were for methamphetamine.

Turning to length of treatment, Moore reported that those who completed treatment were in treatment for an average of 149 days. At the “snapshot” time of the study, more than half had been in treatment for 90 days or more. The results for Year One participants were more complete, showing an average length of stay of 435 days, or about 14.5 months, for those completing treatment, including aftercare. When those who completed treatment are grouped with dropouts, the average time in treatment is 203 days. The 24 percent who completed treatment is in line with the statewide average, and about half of those had their charges dismissed.

Moore explained that Sacramento County has a “very solid” comparison group of about 1,000 offenders to be measured against outcomes for those in the county’s Proposition 36 program. About 29 percent of those referred to the Proposition 36 program had no arrests or convictions during the study period, compared with 10 percent who had no arrests or convictions in the comparison group. The same indication of benefit from Proposition 36 referral could be seen in rates of drug convictions and felony convictions. An exception was seen in the rates for misdemeanor convictions. While 72.5 percent in the comparison group had no misdemeanor conviction, only 68.1 percent of the Proposition 36 referral group had no misdemeanor conviction. Moore also presented comparative data for those who actually entered treatment through Proposition 36 and for those who remained in treatment for at least 180 days. These comparisons also reflected lower arrest and conviction rates for Proposition 36 clients, with those who remained in treatment for the longer period doing “considerably better” than those who entered treatment but did not remain for at least 180 days. Both Proposition 36 groups did much better than those in the comparison group. “It’s kind of a casual conclusion but it looks like treatment and supervision certainly can have a positive effect on folks in terms of their continued involvement in drug convictions, and other felony convictions, even though it is not a cure-all as some do engage in petty crimes.”

Finally, Moore offered some findings that could point toward cost savings as a result of Proposition 36. Historically, offenders have an average of 83.7 days in jail and

77 days between arrests in a 12-month period. This measures against 63.2 days in jail and 155.5 days between arrests for all Proposition 36 referrals, 61.1 days in jail and 159.6 days between arrests for Proposition 36 referrals who entered treatment, and 40.7 days in jail and 189.1 days between arrests for those who remained in treatment for 180 days or more. This becomes significant when applied to jail costs for large numbers of people at a bed-day rate of \$72.55, Moore said. By this measure, Proposition 36 treatment leads to a significant savings in jail costs. Another savings (seen in the comparison of days between arrests for the historical group and Proposition 36 groups) can be calculated when considering that an arrest and initial court activity in Sacramento County costs an average of \$8,000 per case

“As a general conclusion, we’re having a positive effect on about a third of the folks in Proposition 36. We’re making significant changes in their lives and their re-arrest rates whether they complete treatment or not. Another third are slowing down a bit, and the other third we’re having little or no effect on.” There are cost savings, she said, from people not getting arrested as often or over a longer time span, and from spending fewer days in jail.

**Wayne Hansen**, health care analyst for the San Luis Obispo County Alcohol and Drug Service, said one of the most important factors contributing to the positive outcomes in San Luis Obispo County was teamwork. “Right from the very beginning,” he said, “probation, alcohol and drug services, the recovering community, the courts, judges—everybody was around the table trying to do the right thing for Proposition 36 participants and this paid off.”

Comparing the characteristics of the San Luis Obispo County’s Proposition 36 participants with findings in the state evaluation, he noted that 67.9 percent of county participants were male, compared with 71.2 statewide, with 32.1 percent female in the county and 28.8 percent female statewide. In ethnicity, the participants in the county program were less diverse than those statewide. County participants were 72.8 percent Anglo vs. 44.3 percent statewide. Hispanic participants were 21.9 percent in the county vs. 32.5 percent statewide. While African-Americans accounted for 13.8 percent statewide, the number was 1.9 percent in the county. San Luis Obispo found that use of methamphetamine and marijuana was somewhat higher than statewide in its Proposition 36 population (61.1 percent of county participants using meth vs. 52.9 in the state; 21.1 percent in the county using marijuana vs. 12.2 percent in the state). Cocaine and heroin use among county participants was substantially lower than the statewide figures. “As with everybody else, methamphetamine is far and away our primary problem.”

Turning to outcomes, looking at experience from the start of the program in 2001 to the current time in 2004, Hansen said 18 percent of those who entered treatment completed their treatment. The dropout rate was about 40 percent. Some 13 percent transferred to treatment in other counties, and 28 percent were in active client status at the time these figures were compiled (June 30, 2004). Those who completed treatment and aftercare were in the program for an average of 15 months. “It’s a fairly long program—a real commitment,” he commented.

Tracking all 142 of those who completed the program, it was found that only seven were re-arrested, primarily for drug offenses. The non-drug offenses ranged from carrying a loaded weapon in a car, to fishing without a license. The re-arrest rate for

program dropouts was a much different story, Hansen continued. Altogether, 56 percent of the 319 dropouts were re-arrested, 34 percent for drug-related offenses.

The San Luis Obispo evaluators looked at a random sample of 17 Proposition 36 participants who were in the program for 90 days or more and measured the impact of the experience on their behavior through their scores on the Addiction Severity Index (ASI). The analysis showed that ASI scores improved dramatically. Assessments taken at 90 days, 180 days and 270 days showed that on average the ASI scores had been lowered by about 40 percent in all seven core areas of the index: primary health, employment/education, alcohol use, drug use, legal status, family/social, and psychiatric.

“I think the outcomes are pretty good,” Hansen said. “These outcomes are the result of a great team working collaboratively and cooperatively together. They show that in order to graduate you have to be engaged in treatment for a significant amount of time. He also noted that for clients who were in a sober living environment, the dropout rate was about 18 percent—less than half of the overall dropout rate of 40 percent.

In the question period, a participant asked whether the three counties reporting on their Proposition 36 outcomes were using a “drug court model” or a “probation model” in their programs. Ryan Quist said Riverside County uses what he called a “regular probation model.” Toni Moore said the Sacramento County program has some “elements” of drug court, such as dedicated courts, and close supervision and monitoring. Hansen said the San Luis Obispo program could be considered a probation model, adding: “Without probation’s involvement we’d be dead in the water.”

A participant from Santa Cruz County commented from the floor that keeping clients in treatment for 180 days—which apparently leads to the most favorable results--would require more money than the counties have at their disposal.

### ***Promising Practices for Uncertain Times***

**Nancy Gottlieb**, alcohol and drug program coordinator for Santa Barbara County described two promising practices--integrated services for persons with co-occurring disorders, and meeting the housing needs of clients. The aim, she said, is to improve outcomes for persons with substance abuse and mental illness involved in the criminal justice system. A court grant was used to improve services for this group. “Out of our criminal justice drug court program we were able to develop a system of care for co-occurring disorders that we have expanded to serve some of our Proposition 36 clients.”

She said the program is based on a drug court model, with the Superior Court maintaining court management responsibility for the offenders. Individuals appear before the judge in a process similar to a mental health court calendar, and services are provided either through the county mental health clinics or by community-based organizations. She exhibited a flow-chart showing how individuals move through the system. A “treatment quadrant” helps determine how services will be provided. Clients are assessed by a mental health professional that may actually sit in the courtroom and do evaluations in the courthouse. The assessment determines the level of substance abuse disorder and the level of mental health disorder. Those considered less severe are treated through a

community-based organization, along with those with less severe mental health disorders and more severe substance abuse disorders. Those with more severe mental disorders in either case are treated through the county mental health clinic. For those in the latter category, the model is to try to stabilize them through clinical care where they have substance abuse treatment and mental health treatment combined with medication management. “Once an individual is stabilized, usually after about three months, we can then move them into a community-based program, which thereby opens another slot for a dually-diagnosed client to enter,” Gottlieb said.

It was found that about 50 percent of clients with co-occurring disorders were in fact homeless or had a “very sketchy” housing situation, she continued, noting that this is probably true in other counties. “Currently we’re working with our sober living program operators to develop guidelines for sober living. We have some funding through our drug court grants, and out of that we’re working with the sober living providers and our outpatient community-based providers to develop collaborations. If our sober living providers are connected to a treatment provider, they can then receive funding. This has motivated many operators to provide things like ongoing testing, and to make sure that individuals are in compliance with their treatment.” The team coordinates services with a homeless shelter, and Santa Barbara County finances a “homeless outreach” program in which a therapist at the shelter engages individuals and refers them to treatment. Another program is designed to move women from detox into sober living in a timely manner to create more openings in detox.

“Basically we’re trying to meet all the treatment needs of our clients so we’ll have successful outcomes and meet our mission,” she said.

At the conclusion of her presentation, David Deitch asked about the prospects for continuing outreach work with the homeless if funding should shift. The outreach worker is supported with the Department of Alcohol and Drug Programs net negotiated amount funds, Gottlieb said, “I think we will keep that position no matter what.” She said the position is part of a contractual arrangement with a community-based organization.

**Mary Hale**, opening her report from Orange County, where she is a division manager, noted that the current buzz-words are “best practices” and “evidence-based practices,” and said in many cases it has been necessary to downgrade programs because of less funding and more clients. So it is appropriate, she said, that the practice she is describing be called “promising” rather than “best.” What she describes may become a “best practice” but it is not there yet, she said.

She went on to describe the assessment process in Orange County, and noted that the experience in her county is probably not unique. “We originally started out having a centralized assessment unit, but as we developed our plan for fiscal year 2004-05 we, like many others, were faced with having less money. Not that our allocation was reduced—in fact, we got a little more money—but the amount of available funds was less than for fiscal year 2003-04.” The answer was to do an assessment of the assessment unit.

One factor was a continuing increase in the number of clients coming into assessment. As time went on, there was less time to spend with each client. Initially, the full Addiction Severity Index (ASI) had been used, along with the American Society of Addiction Medicine (ASAM) patient placement criteria. Toward the end of the first year the staff began using the ASI-lite because there was not enough time for the full ASI, and

in the second and third year it was reduced even further. “At times they were so overwhelmed they were using just the American Society of Addiction Medicine-patient placement criteria (ASAM-PPC).” Reductions in funding during the third year created a bigger problem. “The assessments they were doing were becoming less meaningful. They were often assessing people and determining they needed high levels of outpatient or residential treatment, but because we had insufficient funding they were not able to place them in the appropriate treatment.” The response was to restructure the assessment unit.

“In lieu of a centralized assessment unit we now put everyone immediately into outpatient services and the staff does just a brief screening. We were able to reduce the number of staff. We initially had five full-time staff doing assessments. Our plan was to have only three staff. One or two would be co-located with the probation department. In our large county, all of the formal probationers have to go to one location to get their initial probation screening and assessment. So we were finally able to put one or two of our screening staff in the same office with the probation department, where they are able to do a very brief screening. Really all they’re doing is trying to determine if a person is perhaps homeless, pregnant, HIV-positive, an injection drug user, or has a severe co-occurring disorder—that putting them into outpatient would absolutely not work. If we do not identify some severe need, then the person goes immediately into outpatient. What we’re doing is the assignment of a program. We’re not doing an assessment at all.”

After the client goes into the program, the provider within 45 days does a psychosocial assessment, develops a treatment plan, and submits a progress report and recommended level of care to the Alcohol and Drug department, Hale said. This is added to information received from the probation or parole to determine what level of care the person is to receive. “It’s important to note that while this must happen by day 45, it can happen at any point. If after two weeks, three weeks, four weeks, the needs are evident to the provider and the probation department, they can submit the information to us sooner.”

One benefit is that this procedure provides a more comprehensive assessment, she said. “We’re able to assess the client after several visits, not just the one-hour or hour-and-a-half we were doing in our centralized assessment. We have much more objective information. We’re able to see if the client is actually showing up for appointments. There are times when we have family involved, and get input from significant others, not just the client’s self-report, which was all we were able to get with the ASI and ASAM-PPC. After 30 or 40 days we also have drug and alcohol testing information.” Another result is that it is not necessary to make as many intermediate-level changes as were necessary with centralized assessment. Also, many more people are being seen by alcohol and drug staff than were seen when they were going first to probation and then being referred to alcohol and drug.

“A very important benefit is that we’re spending less money on assessment than we were before,” Hale said. In 2003-04, the budget for assessment was about \$400,000. For the current year it is about \$250,000.

A remaining problem is that the county has not yet required a standardized assessment from all of its providers. Many are using the ASI but some are using other assessment tools. Another issue is that because providers are paid through a fee-for-service mechanism, some might be fiscally motivated to recommend a higher level of care than is justified. Monitoring is necessary to assure that the recommendations are client-driven rather than fiscally-driven.

“Perhaps the biggest problem is that our providers feel they have to do more work and they’re not getting paid for it,” Hale said. “We didn’t anticipate that. Somehow we need to figure out a way to work through that. We wanted to bring them into the process and be part of it. It wasn’t our intention to increase their workload.”

The new assessment procedure has been in effect for only five months, Hale pointed out. A forthcoming six-month report on numbers of people being assessed and numbers actually getting into treatment will help determine if the new practice is as promising as it appears.

**Tim Wattenberger**, retired supervisor of the Kern County Probation Department, said his county’s program is a probation model, and he described a monitoring component that was developed after the program at first failed to provide one. The program provides treatment at six different levels, requires that clients go to a minimum of four Narcotics Anonymous meetings a week, and requires a urine test once a week at the client’s own cost. “What we didn’t do is develop a component to monitor people in terms of their progress in treatment,” he said. “As we all know if we don’t monitor people in terms of their progress in treatment, ultimately they’re not going to be very successful, and there’s no way we will be able to practice early intervention.”

At first, he said, the plan was to have probation officers provide monitoring, but the number of clients in the program grew so rapidly that it soon became obvious that the officers could not monitor people closely and regularly. Typically, by the time probation officers became aware of a problem, relapse was so severe that there was no option but arrest, or the client simply disappeared and a warrant was issued. Wattenberger said he recalled from his earlier experience with a drug court that the court used two County Alcohol and Drug Program Administrators Association of California, Inc. (CADPAAC) certified substance abuse counselors to assess treatment progress on a weekly basis and report to the judge. The Proposition 36 program had no funds in its budget to hire such counselors, so the solution was to ask students from a counseling course at California State University Bakersfield to serve their required hours of internship by working with the Proposition 36 program. “Typical of government, it took eight months to get this idea into operation,” he said, and it was finally implemented in January of 2003, with 13 student monitors. The plan did not anticipate how important the monitors would become in the lives of the program participants, Wattenberger said. “As far as I’m concerned, they are pivotal in determining how people are going to do in the program.” The students were much more professional than expected, and developed an understanding of how to deal with the Proposition 36 clients. When many had completed their required 250 intern hours, they stayed on the job. Two are working 40 hours a week without compensation in the Bakersfield probation office. An effort is being made to provide them with a stipend.

Each monitor sees many people every day, he continued. The Bakersfield office sees about 700 people a week, coming in for monitoring. Each monitor has a work area, providing a desk, a computer and a phone. The monitor can enter notes about individuals and their progress. “This has been a very positive experience both for those folks and for the probation department. Rather than putting us in a position of having to make arrests and allege violations of probation, we have been able to keep people in the program for greater lengths of time, and as we all know, the longer you can keep people in treatment the better the outcome will be.” Many participants enjoy coming in, and some come in

even when they are not required to, just to see their monitors and talk about something going on in their lives.

“All the people involved in our collaboration in Kern County think we have a significantly successful program, and had we not developed our monitoring component, I believe we would have met with only limited success,” Wattenberger concluded. He said his county would be happy to work with others to develop a similar program.

**Steve Loveseth**, program manager for alcohol and drug services in Contra Costa County, described how the Proposition 36 program joined the county’s mental health co-op for intensive job training and development. It is difficult to look at clients in a holistic way, understanding all the issues affecting their lives, he said. There is also a tendency to withdraw services as people get better. “Our program turns that around. As you start to get better and get on your feet, we have something tangible for you down the road, and a lot of support.” He emphasized that he was describing a program for dual-diagnosed clients. “The unique and exciting part of this is that people with a diagnosis of substance abuse and a lower-level mental health diagnosis will qualify for Department of Rehabilitation services.”

**John Hollender**, the coordinator of vocational services for Contra Costa County Mental Health, then described the program in detail. He began by saying that recovery is working—in rehabilitation, in mental health, and in alcohol and other drug treatment. The county has had a program in cooperation with the State Department of Rehabilitation for a number of years. Noting the number of people coming back through the mental health program over and over, he noted that many patients also were involved in alcohol and drug treatment, and this plan for collaboration was developed. He praised the “exceptional leadership” on both the Department of Rehabilitation side and the Alcohol and Drug side in bringing the two diverse groups together to work primarily with Proposition 36 clients.

The plan was based on the mutual population and mutual needs of the two departments. The cooperative program has a budget of \$700,000 coming from various funding sources. Three full-time job developers and two full-time job coaches are working with mental health clients in the Department of Rehabilitation and also with the alcohol and drug population, particularly Proposition 36 clients. “I know we’re going to make this a success because of the cooperation. The whole staff of the Proposition 36 program and our staff work together very, very well on a day to day, hour to hour basis, and it’s exciting to be in an expansion mode.” He said the fiscal crisis in California had created an opportunity to “soak up all the unmatched dollars that the Department of Rehabilitation had last year when other programs pulled back money from their cooperative programs or closed them. There was a lot of federal money that was unmatched.”

He said there was “magic” in the way staff people work to “iron out every day the issues that come up and impede clients from making progress towards work.”

David Deitch asked how much time it has taken to get the “rough edges off” in making placements in the vocational program. Loveseth said the job developers had been on the job for only a month or so. He pointed out that at the beginning his department was getting people only at the end of the Proposition 36 process, when they were ready to

exert their freedom and independence. Now, job development is being involved much earlier in the process.

In closing the panel on Promising Practices, David Deitch pointed out that the term “promising” was chosen instead of “best” because it would be impossible to talk about “best practices” without specifying for whom, under what circumstances, in what location and at what time. “There is no ‘best.’ There is consideration relevant to the context, and these are promising practices relevant to the current context in each of these counties.”

## ***Law Enforcement Issues***

### ***As discussed by representatives of Like-sized Counties***

**Judge Stephen Manley** of the Santa Clara County Superior Court led a panel, reporting from earlier breakout sessions, bringing together participants from six groups of like-sized counties. He explained that each group had been advised to discuss six questions having to do with issues raised by law enforcement people working with Proposition 36 clients. The questions reflected what was most often asked or comments most often made by law enforcement. He thanked the California Police Chiefs Association, the California Narcotics Officers Association and other organizations that had helped in drafting the questions.

He displayed a slide which illustrated the frustration with Proposition 36 expressed by many law enforcement officers. The slide carried the comment of a drug offender: “Go ahead and arrest me cause nothin’s gonna happen. I’ll get 36 again!”

The panel consisted of:

**Robert Willey**, reporting for the breakout group representing Los Angeles, Orange, Riverside, San Bernardino and San Diego Counties.

**Asia Eichmiller**, for Kern, Monterey, Placer, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare and Ventura Counties.

**Ernest Vasti**, for Alameda, Contra Costa, Marin, Sacramento, San Francisco, San Joaquin, San Mateo and Santa Clara Counties.

**Jerry Evans**, for Alpine, Amador, Calaveras, Inyo, Mariposa, Modoc, Mono, Plumas, San Benito, Sierra and Tuolumne.

**Kellie Montgomery**, for Butte, Colusa, El Dorado, Glenn, Lake, Mendocino, Napa, Nevada, Sutter, Yolo, and Yuba Counties.

**Sheila Kuck**, for Del Norte, Fresno, Humboldt, Imperial, Kings, Lassen, Madera, Merced, Shasta, Siskiyou, Tehama and Trinity Counties.

Manley said the first question posed to the groups was one of accountability for the drop-off between those who are eligible and sentenced under Proposition 36 but, according to the UCLA evaluation, never get into treatment. *What’s done about this? Why aren’t these people getting into treatment?*

**Asia Eichmiller** pointed out that law enforcement does not see the Proposition 36 successes but only the failures. If 29 percent did not make it into treatment, what about



the 71 percent who did? She said there are consequences for people who are sentenced into Proposition 36 and don't show. They're not really slipping through the cracks. **Robert Willey** said the 29 percent do not simply "fall through the cracks and disappear." Warrants are issued, for example, and it is premature to say they "never" entered into a program when in fact they had not entered a program as of the date of the UCLA study. "There is accountability, there is a responsibility." Counties also are exploring the reasons some people don't show. "It might be a disrespect issue for some individuals, but it also could be a lack of knowledge, or fear." **Sheila Kuck** said her group discussed various strategies and procedures to deal with this issue. "We talked about having consistent requirements. When people are sentenced they need to have a return date, right from the bench, a review date for them to come back...Some of our counties require that they report back to the court in two weeks...At the time of sentencing they should be given a written document that outlines what the expectations are for compliance with Proposition 36. We also talked about making sure that the minute order goes to probation, so that probation knows who these people are. **Kellie Montgomery** said her group talked about financial aspects of the problem, and lack of communication with attorneys about what is actually going to take place, what is going to be expected of their clients. "A lot of the attorneys in the communities in our group don't understand what Proposition 36 is. They don't explain to their clients what they're getting into, which goes back to the need for written documentation of what the clients are expected to do." **Jerry Evans** said his group consisted of primarily smaller counties, and in small counties it doesn't take long for word to get around on the street. Once clients realize they are getting into a program that may last a year or 18 months, they may be out the door and gone. "There's no threat of jail. Most of the time the jails are full, and they'll be released in lightweight time compared to others residing there." One solution discussed by the group was greater proximity of resources. "The client in the courtroom immediately meets with probation and treatment staff." One problem is the length of time it takes to process someone through violations. **Ernest Vasti** pointed out that there were many differences in terms of staffing among the counties in his group, raising the question of whether there is a correlation between the number of probation officers available for a given number of clients and the no-show rate. "The opponents of Proposition 36 need to look at the challenges that are facing the service providers. We need more resources in certain areas." Judge Manley asked what kind of measures the counties were taking to deal with failures to report for treatment. "We went around the room and asked how long it was before a warrant or some other intervention was started, and the time actually varied from 72 hours to 90 days," Vasti said. "And that was correlated with the number of probation officers you actually had."

Further discussion centered on the idea that some clients need case management services and stabilization before they go into treatment, and some clients face challenging orientation and transportation problems in getting from the jail or courthouse to the site where they are supposed to report for treatment.

Judge Manley moved to the next question: *why aren't there more drug testing and why aren't the treatment people more responsive to positive drug tests?*

**Sheila Kuck** said her group felt that drug tests *are* indeed being administered and are taken into consideration. It was pointed out that if the drug testing occurs in the

treatment setting, there are some barriers to sharing that information and using it for a violation. The point also was made that clients are not in treatment during the entire time they are subject to Proposition 36 supervision and that probation could be asked to do more testing with their funds. **Robert Willey** said his group made the point that testing clearly is occurring, and the more important question apparently is what the response to a dirty test is. “Historically, a dirty test meant take someone to jail. Clearly that’s not the case now. But that does not equate to no accountability or no sanction. Dirty tests are the basis for changes in the level of treatment.” He went on to point out that a sanction does not necessarily mean jail. “They certainly don’t want to be going to a program five days a week instead of three, or spending 180 days in a program instead of 90. Upping the level of the program may in fact be a more significant sanction.” A dirty test, he added, also could indicate that a client at that stage is not amenable to treatment. He emphasized this judgment would not be based on one test but on testing as a component of the entire treatment.

Manley asked the further question of what is done with persons who are considered not amenable to treatment on the basis of dirty drug tests and other factors. “Send them back to court,” Willey said, although he pointed out the client would not be considered unamenable on a first violation. **Asia Eichmiller** said everyone in her group agreed that mandated drug testing does occur, that dirty tests are reported to probation and that sanctions result. Sometimes the level of treatment is increased from outpatient to residential, or there may be other sanctions such as community service or something like 90 meetings in 90 days. The purpose, she said, was to make the point to the client that “you’ve relapsed and you need to get back into the program.” **Kellie Montgomery** pointed out that clients who go to jail rather than accept a more intensive level of treatment will face the same choice in the future if they again become clients of Proposition 36. Judge Manley said he wondered if any programs do not find clients unamenable to treatment even when there is a second violation. “Is anyone just keeping clients in forever?” **Ernest Vasti** commented that he kept patients in his own practice as long as he could, in terms of providing a continuum of care for chronic disorders, such as addiction. (He said he was a family practitioner who is also certified in addiction.) “I think our group focused on the balance that’s required on that whole issue,” he said. “There’s a matrix of effort in screening. Monitoring is done and reports are sent...But very often I’m telling a counselor that we need to get our head out of the urine once in a while and focus on the patient. That means a re-evaluation of the ASI, and taking a look at where we’ve been focusing in our treatment. I visited Minnesota and I was impressed with the fact that when they looked at the accumulation of positive tests and other indicators they began looking at themselves in terms of what they were actually offering the patients, whether they needed to re-individualize a particular treatment, increasing interventions or doing something they may have overlooked. Patients may not be failing, on their own. We may be actually helping them to do so.” Many in law enforcement, he said, have the impression that Proposition 36 teams are not being tough enough on those who fail.

Judge Manley turned to the next question: *what is really happening to people who fail in treatment?*

**Jerry Evans** said his group discussed what a “completion rate” really equates to. “You may have completion of a treatment program but you may not be completing probation because there are still fines and fees to pay. So someone who has completed treatment may be kind of strung out for a longer period of time, with an inability to actually complete the program, and they wind up relapsing or getting arrested as a result.” **Asia Eichmiller** said that members of her group felt that most clients who were revoked were re-entered under probation, and some of them did not want to do Proposition 36 and chose jail time instead. As for the definition of failure, she said she believed there is a difference in accountability. “Law enforcement people look at public safety, and treatment providers look at relapse as a common part of treatment. There’s a different perspective, and that’s part of the problem.” Manley asked how these different perspectives affect the disposition of cases. Eichmiller said that generally speaking people in treatment need to be given some consideration in judging a relapse. “We know that these people have long-standing histories of addiction, a lot of them haven’t had prior treatment, and they’re going to be relapsing.”

**Robert Willey** said his group discussed the problem of defining what is “completion” of treatment, what is “failure,” what is “success,” and there needs to be more dialogue in those areas. There was also a discussion of the idea of a “paradigm shift” under Proposition 36, raising the question: does accountability equate to custody? Or, is accountability now defined in some other fashion? He said one question raised in his group was whether, with more difficult clients, it is appropriate to measure success after treatment or success after incarceration. “But to say that only 20 percent are revoked or there’s no response to completion is really an inaccuracy we need to address,” he continued. “Sometimes people will fall out of Proposition 36, be reinstated on a non-Proposition 36 probation with much more intensive supervision, placements, longer term placements, and treatment therapies...there are a variety of responses available to the court when there is a non-successful completion.” **Sheila Kuck** said her group discussed the client’s perception of failure, and what will happen if one drops out of Proposition 36. “They’ve been sentenced, there’s a consequence that they’ll have to go back to if they aren’t part of Proposition 36, and there are other options such as being moved into drug court.”

The next question dealt with *what counties are doing to increase their completion rates*, but Judge Manley pointed out that a 34 percent completion rate might be “astounding” considering the degree of addiction in the clients and the fact that many have three or four prior arrests.

**Kellie Montgomery** said probation officers in her group didn’t understand why there were complaints because “they’ve been dealing with the same people for 20 years.” Different questions may need to be asked. How did their level of functioning change? As for the recidivism rate, was it for one day or one hour or ten years? The figures do not reflect how many people didn’t even make it from the courthouse into treatment. It also should be pointed out that if one addict with a spouse and three children succeeds in treatment it changes the life of five people. Also, she noted that in some counties the “drug court model” appears to motivate clients to get into their assigned treatment because of the requirement that they report back to the judge. **Robert Willey** said his group made a distinction between what was “expected” and what was “accepted” in

completion rates. “We tend to get what we expect,” he said, referring to the 34 percent completion rate. Strategies discussed for improving completion rates include more sharing of information and using innovations in techniques and procedures. “It’s a learning process for all of us, with the understanding and realization that we will never be completely successful. Understanding and accepting something less than 100 percent is not a bad thing.” **Ernest Vasti** said a member of his group had commented that even helping one client out of a hundred into recovery was worthwhile because sending a hundred to prison did not help them at all.

Judge Manley noted group consensus in that “if we come back in a year to two, we should be doing better in terms of completion rates.” What should be done in the meantime to bring this about? **Asia Eichmiller** said her group discussed using sanctions and intensification of treatment with whatever resources were available, and also looking at the populations with higher rates of failure to complete treatment, such as African-American and Latino males, and targeting those populations with ways to better engage and retain them in treatment. The point also was made that “completion” can refer to simply completing treatment or to completing all probation sanctions. **Jerry Evans** said the counties in his group defined completion as completing probation. “You’re digging a pretty deep hole for some folks to climb out of after they have incurred all the fees, fines, and often restitution.” One idea put forth is to offer the option of doing community service in lieu of payment. **Ernest Vasti** noted that a county may not be able to provide the services they want to provide because of a shortfall in funding. One way around this is for Proposition 36 to involve itself more in the community. “You need money but you also need the community to be with you.” He doubts if Proposition 36 could succeed if it were “completely alone and isolated.” **Sheila Kuck** said one strategy is to do earlier risk assessments to identify which clients are going to have barriers and need more attention than others. Another factor is that misdemeanants do not have the same incentive as felons to complete the program.

Manley turned to the finding that some population groups had been identified in the UCLA study as having lower success rates than others.

**Asia Eichmiller** said her group felt it was necessary to match the client with the treatment, and to find out the needs of particular population groups. Teaming up with the community is another idea, she said, along with recruiting a more diverse staff. **Robert Willey** said there was much the same response in his group. “We discussed the need for programs that an individual feels comfortable in and can identify with.” He recounted an incident where a client reported he was the only African-American in his treatment group and he was not going to continue in it. There is a need for “a breadth of resources that are culturally sensitive and culturally aware.” Also, there may be a bias in the allocation of resources. It was noted that the placement of African-Americans in outpatient when they needed inpatient was higher than for other groups. “The success rate probably raises more questions than it does answers.” In the final analysis, the system should be predicated on respect for the individual and the individual’s background. **Ernest Vasti** said that in the process of evaluating programs there is a need to look at gender and cultural issues, and to understand how the criminal justice system impacts people on the basis of gender and culture. **Sheila Kuck** said her group discussed services for Native Americans, as well as cultural diversity in staffing. “Clients need to identify with someone who is telling them

to change their behaviors.” **Asia Eichmiller** said programs in her county offered Spanish-speaking services, and there was training in cultural sensitivity for all staffs.

Judge Manley noted the obvious problem of limited capacity for residential treatment and the heavier reliance on outpatient treatment as a result, and wondered if that would be having an impact on success rates for African-Americans and other groups. **Kellie Montgomery** said this leads to the recurring issue of the imperative of continuum of care. “We can take them out of an environment and clean them up but if we shove them back into the environment and tell them not to use, it’s really difficult.” Many return to a using environment between outpatient sessions. “Having a sober living environment is a huge factor in the outcome of treatment.” This is especially true for those who have never been in treatment before and have never had contact with Narcotics Anonymous (NA) or Alcoholics Anonymous (AA). **Ernest Vasti** said addiction treatment providers often use a placement criteria that more than likely leads to a choice of outpatient rather than residential treatment. He pointed to findings in the New England Journal of Medicine years ago that reported no differences in outcome between inpatient and outpatient treatment. Manley returned the focus of the question to why African-Americans are not doing as well as other groups, leaving aside the question of inpatient vs. residential treatment. Is it staff that is not culturally competent? **Jerry Evans** said treatment success requires changing “a complete way of life.” A 90 day program cannot do that, a six-month residential treatment program cannot do that, he said. “It’s going to take a lot more resources than treatment has to offer or that probation can use to monitor,” he continued. “We’re talking about education, job skills, family support, and a number of other issues that impact the person’s ability to get into recovery, even understanding what it is to have any success at all. It’s much more than what Proposition 36 can address right now to the fullest extent. All we’re doing in Proposition 36 is a valve job. We’re not rebuilding the motor.” **Sheila Kuck** offered the opinion that “Proposition 36 is really built to address one issue in a very chaotic life.” Small counties, she said, do not have residential treatment, transitional housing, assisted living, special education programs for adults, or English as a second language programs. Proposition 36 programs can try to “fix” addiction problems, but the clients must return to the same chaotic lives they had before. **Ernie Vasti** mentioned the problem of treating opium-smoking Asian patients. If they are treated with methadone, it is difficult to get them off of methadone. “We have plenty of translators, but even translators who have been trained in counseling can’t seem to bridge the gap.” **Asia Eichmiller** returned to the subject of Latino males, and noted that the strong family ties in Latino culture sometimes create a reluctance among Latino males to go into a residential program or sober living environment that separates them from their families. Ties to their community and family also might be a factor with African-American males, she added. Vasti raised the question of what kind of role families are playing in the treatment process.

The final question posed to the groups asked *what efforts are being made to involve law enforcement in Proposition 36 programs, seeking their views and input.*

**Robert Willey** said the officers on the street often are the best allies for treatment because they see the alternatives on the street. They also may have a better understanding of clients as human beings, as opposed to those at other levels of law enforcement who deal with people as cases or statistics. While most Proposition 36 teams include

representatives of law enforcement and the courts, there is a need to “get them really engaged,” Willey said. One suggestion heard at his session was having probation officers go to morning briefings where the status of Proposition 36 cases is discussed. “The interaction and sharing of information will help get them engaged.” In one county it is an officer of the court who actually goes out and looks for individuals who don’t show up for an assessment. Officers may interact with clients at a treatment program, rather than just interacting with them on the street. “The idea is not just the sharing of information but the creation of an engagement.” **Asia Eichmiller** said an idea for law enforcement’s involvement from her group was to “bring our meetings to them” instead of just inviting them to attend meetings, and assigning officers to participate in graduation ceremonies and serve on advisory boards. “We all know that law enforcement people have different hours, and a lot of times it’s hard for them to get to an activity we invite them to, so we’ve talked about taking our activities to them.” **Ernest Vasti** pointed out that lunch meetings are a good way of getting people together to discuss issues and to educate them about aspects of a problem they’re not familiar with. In his county, a lecture on substance abuse is part of an officer’s training. Vasti delivers the lecture, and it is his aim to inform them about how to recognize intoxication and withdrawal and the effects of various drugs. With many officers this is the first time in their lives that they have heard of the bio-psycho-social process behind addiction, Vasti said. **Jerry Evans** said a tie between law enforcement and addiction treatment had already existed in his county, but Proposition 36 has led to the link being extended to the street. One strategy is having probation give a list of Proposition 36 clients to law enforcement agencies in different communities, so officers will identify them if they are encountered. **Kellie Montgomery** pointed out that there are often weekly meetings of all parties involved in a client’s case, but daily personal contact with a probation officer or parole agent is the key to communication. She also emphasized that it is important to know what law enforcement needs from treatment providers just as it is important for law enforcement people to know what treatment needs from them. **Sheila Kuck** said her group came up with the phrase “structural integration” to describe the need for law enforcement to be involved in all aspects of Proposition 36.

## *Day Two*

Opening the second and final day of the conference, **David Deitch** declared that the first day’s sessions had shown that “there are indeed good things happening out there” while there is still a need to provide information about what is known in science. He noted the active participation in workshops and the reports from panels on the direction of their discussions. He said he thought the panel on responses to law enforcement issues was “very meaningful and instructive.” He then introduced Kathy Jett.

**Kathy Jett** paid tribute to the UCSD staff and the ADP team for their work in organizing the conference, and to all the conference participants for their contribution at this and earlier conferences. “We’re part of something that is very important, not just to the people we’re serving but to their families and all the people they have touched

throughout their lives that may now be healing,” she said. All the talk about numbers and statistics is really referring to individual lives, people who wound up in a cycle of addiction and incarceration. “It may seem like a miracle that anyone can turn around these shattered lives that we’re looking at in these numbers, but it’s not a miracle—it takes a lot of hard work, and you are the pioneers. We’re all part of a process here where we’re learning from one another...The collaboration when we’re sitting down together around the table is what’s making the difference and breaking down barriers.” She also pointed out how graduates of Proposition 36 programs are proud of their achievement and often eager to tell others about it. “We should be proud of it.”

Jett noted that someone had asked a question earlier about whether a county was using a drug court model versus a probation model in its program. She said the UCLA report did show greater promise in counties that used dedicated court calendars. Going over other issues emerging from the first day’s sessions, she referred to the importance of having probation at the table, and the value of having assessments done at the courthouse as a means of improving the likelihood of entry into treatment.

She urged participants to cooperate in the study being conducted by AVISA. The study seeks to determine what is working and what isn’t working under Proposition 36 and what might be changed to improve outcomes.

In conclusion, Jett recalled her own experience in recovery to say that she probably would have been listed as a “failure” in treatment because she dropped out before completion and only later came around to understanding the implications. “So keep the faith, keep up the good work, and we’ll keep coming back with the training and the learning.”

### ***County Plan Trends and Needs Assessment***

William Ford, PhD  
Director of Substance Abuse and Mental Health  
Health Systems Research

**William Ford** reported on his analysis of county plans submitted during the first years under Proposition 36, an activity supported by the U.S. Center for Substance Abuse Treatment. There are now three years of data from the county, and some trends can be seen, he said. “It’s important to remember that these are planning data, not actual data,” he cautioned. “There’s nothing that necessarily binds a county to spend the money or develop its services in the way it says it does in its county plan.” He said the analysis for Fiscal Year 2003-04 will be available on the Internet within a few weeks.

Ford pointed out that wherever possible information is calculated based on a rate per thousand of population, a per capita calculation. “It’s a legitimate way to compare difference sized counties with each other.” Also, the trends emerging are statewide trends, not reflecting what an individual county may have done.

He reported these highlights from the 2003-04 county plans:

- 60,895 referrals for SACPA services were projected during FY 2003-04. This compares with 35,000 referrals that Longshore reported actually make it into SACPA. “This is quite a difference,” Ford said.
- 88.8% of those referrals come from the court/probation system, the remainder coming from parole.
- 98.3% of the counties plan to do drug-testing of SACPA clients using funds from SATTA.
- 93.1% of the counties reported having carried over funds from FY 2002-03
- The average percentage of total funds available planned to be spent was 90.6% as compared to 91.2% in FY 2002-03. (“In other words, of all the money that the county had available to spend--carry-over funds plus current allocations—they were planning to spend about 91 percent of it”)
- The average percentage of funds planned to be spent for drug treatment-related services was 77.1% as compared to 81.4% in FY 2002-03.
- The average percentage of funds planned to be spent for criminal justice activities was 22.9% as compared to 18.6% for FY 2002-03.
- 60.3% of the counties projected an increase in total capacity of services during FY 2003-04 as compared to 77.6% in FY 2002-03. (“The counties are slowing down in their estimate of how quickly they’re going to increase the size of the treatment delivery system,” Ford said.)
- The rate of probation/court and parole referrals per 1,000 populations was highest for the small counties, indicating that they are expecting SACPA to have a greater effect, in terms of referrals, than in medium or large counties. (Small, medium and large designations of counties are determined by the CADPAAC rating.
- The expected increase in total capacity in FY 2003-04 was highest among the small counties. (There were actually six counties that were planning for more than 100 percent expansion in their capacity, Ford said, and this tended to skew the data. When data from those six counties is excluded, Ford said, the small and medium sized counties appear to be planning the largest expansion.)

Ford then displayed a graph showing the mean of client changes projected for court/probation referrals per thousand populations in small, medium and large counties FY 2001-02 to FY2003-04. It could be seen that in general the small and medium counties were planning for a higher rate of referrals than the larger counties, but there was a trend in all counties to anticipate fewer referrals over the three-year period. Another graph compared plans for parole referrals, and showed a decrease in planned referrals over the three years and they anticipated the lowest rates of referrals. Small counties showed a decrease and then a leveling-off, and medium counties a level rate and then a decrease. Overall, there is a decline in the number of anticipated parole referrals. Combining both probation and parole planned referrals; there is the same higher rate of anticipated referrals in the small and medium counties even as planning for all referrals decreases with the accumulation of experience in SACPA.



One of the most interesting comparisons, Ford continued, lies in the planning for carryover funds during the three-year period. There is a fairly large increase in the amount of money small counties are planning to carry over from year to year, with a “great disconnect” between what the small counties are planning and what the medium and large counties are planning. “The medium and large counties had a significantly smaller rate of carryover during the three year period,” he said. The amount small counties were planning to carry over in FY 2003-04 are eight times that of the medium and large counties. “The policy question for ADP, What do you do in this situation?” Ford said.

The next graph compared planned expenditures for treatment-related services. Over the three-year period the small counties had “considerably greater” rates of planned expenditure per thousand populations than did the medium and large counties. “That’s not particularly surprising,” Ford said, “because many of the small counties had to ramp up services or develop new services, and it is thus more costly for them to develop and deliver the services than would be the case in medium and large counties that already had an infrastructure in place.” In the case of planned expenditures for criminal justice activities, the small counties planned per capita rates of expenditures nearly triple that for the medium and large counties. “It’s clear at least to me that there is something different going on in the small counties,” Ford said. A comparison of planned total expenditures—for treatment and criminal justice activities—shows expenditures nearly four times as great in the small counties as in the medium and large counties. He emphasized again that these comparisons involve planned expenditures rather than actual expenditures.

Moving on to a comparison of planning for increased capacity in Proposition 36 programs, Ford reported that the large counties appear to be the only ones actually planning for an increase in non-residential treatment capacity. Both small and medium counties planned for decreases in non-residential capacity. For residential treatment capacity, small counties were clearly decreasing their planned growth in capacity; the medium counties were “flat” in their planning, while the larger counties were planning for an increase in capacity. Ford noted that the planning for reductions in capacity was occurring at a time when many counties were anticipating a rise in carry-over funds. “The counties are saying we’re not going to be expanding services at the rate some of the treatment people may be expecting,” Ford said. “It appears there has not been a great increase in either non-residential or residential capacity over the three years.” In planning for total capacity during the three years, small and medium counties both planned for less of an increase in capacity while the larger counties planned for a slight increase.

Summarizing these findings, Ford said the fact that counties overall were not planning for increases in capacity may be related to the fact that they were anticipating fewer referrals and were carrying over funds. “Those three variables may have been interacting with each other and it is difficult at this point to tell which one was the most powerful.” (A participant pointed out from the floor that the first year of planning was based on “guesses” about the number of referrals, and Ford said he agreed. “Nevertheless,” he said, “once you get beyond that, and the figures become more influenced by actual experience, you still don’t see the kind of growth that you may have anticipated and that people may actually have wanted.” He also pointed out that there is a call for more residential services but counties realize it is possible to provide more services if they plan for non-residential rather than residential services.

Ford then turned to summary points from the study:

- Overall, the counties have planned for fewer referrals into SACPA over the three years.
- The small and medium counties have planned for a higher rate of referrals from the courts/probation than have the large counties.
- The large counties planned for the lowest rates of referrals from parole among the three county groupings. In FY 2002-03, the large counties planned a rate of referrals that was over half of that planned for by the small and medium counties.
- The medium and large counties had a significantly smaller rate of carryover in all three years compared to the small counties. This is particularly noticeable in FY 2003-04, where the small counties were planning a carryover rate six times that of the medium counties and eight times that of the large counties. (One explanation for this, Ford said, is that the original allocation formula may have been too population-based rather than a realization of what was actually present in the county.)
- Over the three-year period, the small counties planned rates of expenditures for treatment-related services that were much greater than that of the medium and large counties.
- Over the three-year period, the small, medium, and large counties have all increased their planned expenditure for criminal justice activities. (This may reflect an understanding of the need for greater involvement in the supervision of SACPA referrals than was anticipated, Ford said.)
- The small counties planned rates of expenditures on criminal justice services nearly triple those of the large counties. (This could indicate that smaller counties have fewer treatment services and rely more on criminal justice services for supervision of clients.)
- There was no apparent consistency across the three years in how the three groups of counties were planning to expand their total funds available.
- Little consistency was found between the three county groups with regard to residential capacity expansion, but the large counties planned for large expansions in FY 2002-03.
- Over the three years, the small and medium counties were planning for a decreased rate of total capacity increase, while the large counties were planning for an initial increase and then a slight decrease.
- The small and medium counties were planning to decrease their non-residential drug treatment capacity at a decreasing rate over the three years, while the large counties were planning to remain relatively stable.

In conclusion, Ford emphasized that these were planning data. He pointed out that definitions may not have been precise on the planning forms, so capacity measures may be affected by this. Whether or not these data reflect what actually happens in the counties, he said, they do reveal that there are some real differences among the county groupings with regard to not only how they are expending funds and carrying over funds,

but also how they are planning to increase both treatment and criminal justice activity and increase residential and non-residential services. The plans for the next year will show whether these trends continue. In response to a question from the floor, Ford agreed that the first-year data probably should be dropped in the study of future year planning because it would skew the results. There was also discussion of concern among some counties that revisions in the allocation formula would result in funds being taken away even though they were needed. Ford said he was confident that ADP would take that issue into consideration in making the new allocations.

## *Review of CADPAAC's Unmet Needs Survey*

The podium was turned over to **Tom Renfree, Jack Ketsdever** and **Toni Moore** for the report on their unmet needs survey. Renfree said the survey got responses from 57 counties, a good response considering that participation was voluntary. Ketsdever then gave an account of how CADPAAC (County Alcohol and Drug Program Administrators Association of California, Inc.,) came to conduct the survey.

He pointed out that his county of Riverside was fortunate in having a treatment infrastructure in place at the startup of Proposition 36, and this allowed startup funds to be used for providing treatment. "We had exceedingly well-run programs that were providing optimum results. We had great success in the people we were seeing." It was found that Proposition 36 clients receiving 90 days of treatment were having better outcomes than patients in another program where treatment was limited to 60 days. "There's a transformation that takes place in that length of time. What does work here is time?" However, Ketsdever said, when startup funds were withdrawn and budgets had to be cut, the Proposition 36 treatment was cut back to 60 days and favorable outcomes began to drop off. It was obvious that more money would be necessary to produce the kind of outcomes expected.

Ketsdever pointed out that the \$120 million appropriation included in the Proposition 36 was based on the same kind of guesswork noted in the first year planning data. "You can't take someone who's been on drugs for 20 or 30 years and turn him around in 60 days." The survey on unmet needs was undertaken to help make a case for increasing the amount of funds made available for Proposition 36 implementation.

Toni Moore recalled that William Ford had emphasized that there is a difference between a planned expenditure and budget and what was actually spent, and this survey tackled that problem. For example, if a county plan budgeted for 10 probation officers, and only nine were hired, then the actual expenditure would be only 90 percent of the budgeted amount. The survey determined that 16 percent of counties (nine counties) were spending below their annual SACPA allocation in FY 2003-04, 16 percent (nine counties) were spending at their annual allocation, and 68 percent (38 counties) were spending above their allocation. Counties then were asked about their budgeting for FY 2004-05. Four percent of the counties reported they were budgeting below their annual SACPA allocation, 20 percent were budgeting at their annual allocation, and 76 percent were budgeting above their allocations.

Counties were asked how they were covering the difference between their budgets and actual expenditures. Over 90 percent reported they were using unexpended Proposition 36 funds from prior years. A scattering of counties were drawing on other sources, such as state and local funds, interest on a fund balance, client fees, court service fees, and U.S. Department of Justice grants or other federal funds. Moore pointed out that many counties were concerned at the outset that the \$120 million provided for Proposition 36 support would not be enough. They were conservative in their use of the planning money and used in-kind contributions to cover some activities.

The survey found that 54 percent of the counties (30 counties) were making service reductions due to fund limitations. The service reduction mentioned most frequently (by 78 percent of the counties) was reducing the length of stay in residential treatment facilities. An original target of 90 days of residential treatment in many counties was cut back to 60 or 30 days. Seventy percent said they would provide outpatient care instead of residential treatment to save funds, while 67 percent would reduce the capacity of residential treatment facilities and 59 percent called for reductions in the length and/or intensity of outpatient treatment. About half of the counties planned to reduce the amount of available ancillary services and half planned to transition individuals to less intensive levels of care. A service reduction, reported by 44 percent of the counties, called for combining outpatient care with housing in lieu of residential treatment. Other strategies included establishing waiting lists for treatment services (41 percent), reducing detoxification services (30 percent), reducing length or intensity of aftercare services (30 percent) and delaying client entry into an assessed level of care (26 percent). A few counties reported revising their screening process and reducing probation supervision.

Moore went on to list a range of other reductions that were reported by some counties: elimination of daycare habilitative services; elimination of interim service groups; increased minimum client fees; reduced initial assessment and program coordination; reduced outpatient capacity; elimination of clean and sober living services; reduced full-time staff; reduced drug testing; lack of funding flexibility, and lack of culturally competent services for non-English speaking clients.

Another part of the survey asked counties what adjustments they would make in their programs if more funding was available. The responses coming from the most counties (81 percent) was to increase residential treatment capacity and to provide more sober living and transitional housing (also 81 percent). 65 percent would increase length of client stay in residential treatment; 58 percent would provide more mental health services; 54 percent would increase length and/or intensity of outpatient treatment, 54 percent would provide additional ancillary services and 54 percent would increase probation supervision or court monitoring. (Moore observed that in her relatively large county of Sacramento there are 12 probation officers who have caseloads of 50 to 100. But some small counties in the survey reported they had one probation officer handling as many as 1,200 cases.)

About half the counties (49 percent) said they would use additional funds to assure that treatment was provided at levels called for in assessments. Other adjustments cited by fewer than half the counties included providing post-assessment services, such as outreach and treatment readiness groups (35 percent); increased detoxification services (35 percent); more timely access to treatment (23 percent); and narcotic replacement

services (19 percent). Adjustments cited by fewer counties included enhancements in client-tracking and accountability systems; vocational training and job readiness; follow-up studies; a separate track for co-occurring disorders; a separate homeless track; women's residential; removal of maximum days cap from residential services; increased aftercare services, AOD initial assessment and program coordination; health services such as medical dental, HIV, Hepatitis C, etc.; case aid to help clients negotiate multiple services; educational services such as literacy training, GED preparation, etc.; increased case management, increased family services, transportation and outreach to remote areas; client incentives; therapy for meth addiction and recovery; more culturally competent services for the co-occurring population, and more individual counseling.

Moore said she was disappointed to see that only 19 percent of the counties would use additional funds for narcotic replacement services, such as methadone treatment. "We have so much research showing this is an effective measure both for improving public health and reducing criminal recidivism." She also noted that few counties would spend more money on their own follow-up studies rather than on statewide studies that might not reflect their own needs.

Finally, the survey asked counties to estimate how much in additional funding they would need to provide what they would consider to be appropriate levels of service for Proposition 36. The estimates came to more than \$34.5 million for enhanced treatment services; \$5.8 million for ancillary services, and \$12.7 million for criminal justice services. That adds up to \$53 million in additional funds as a "bare-bones minimum standard," Moore said. Adding that to the \$120 million now provided through Proposition 36, the need would stand at \$173 million.

A questioner from the floor noted that the survey found that 58 percent of the counties would use additional funds to improve mental health services, and this implies that 42 percent of the counties believe their mental health services for dually-diagnosed Proposition 36 clients are now adequate. "That doesn't ring true to me," he said. Moore commented that many counties do not have a mental health component in their plans, so it was not "on their radar screens" to consider this as a possible adjustment. The participant from Contra Costa County went on to say that 25 to 30 percent of the Proposition 36 clients in his county are dual-diagnosis cases, and this area is ripe for improvement if the county wants to improve its treatment completion rate.

Moore noted that getting the highest level of outcomes requires an understanding of each client's needs. "If a client has alcohol and drug issues, legal issues, family issues and psychiatric issues, and you only address the alcohol and drug issues and legal issues and fail to address the psychiatric and family issues, then what's the likelihood you will get a positive outcome?" She said all of the elements would have to be collaborating and working in sync to get completion rates up to the 50 percent level.

The final question raised was: "What can we do to get that money?" Moore said stakeholders are pretty much ready to go in terms of working with the Legislature for continuing of funding," she said. "We need a consensus on what the next steps are in terms of dollars needed to continue this program and what changes if any are needed to strengthen it. Then it's just a matter of doing our work at the capitol and rallying support. Somebody mentioned: take a cop to lunch. That would help us out a lot." Another participant urged that advocates for Proposition 36 meet with legislators in their local offices.

There were additional workshops during the balance of the morning, and the conference adjourned after a lunch program featuring an inspirational message from the singer and cancer-survivor Kevin Sharp.